




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
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Eligibility Operations Memo 02-12  
July 1, 2002

TO: MassHealth Eligibility Operations Staff

FROM: Russ Kulp, Assistant Commissioner, Member Services 

RE: **CommonHealth for Certain Institutionalized Immigrant Children**

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## Introduction

Eligibility Letter 93 transmitted revised regulations that reinstated state-funded CommonHealth benefits for certain institutionalized immigrant children who were inadvertently excluded from coverage when Health Care Reform was implemented on July 1, 1997. This is not an expansion of coverage, but a correction to the Division's regulations. Most of these children are aliens with one of the following statuses who entered the United States on or after August 22, 1996, and who are subject to the five-year bar.

- Persons admitted for legal permanent residence (LPR) under the Immigration and Nationality Act (INA).
- Persons granted parole for at least one year under section 212(d)(5) of the INA.
- Conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980.

The following two groups are also included in these regulations.

- Nonimmigrants under the Immigration and Nationality Act.
- Aliens paroled into the U.S. under section 212(d)(5) of the INA for less than one year.

The revised regulations allow all the above-listed institutionalized children to receive services in a long-term-care facility that will be paid for by the state-funded CommonHealth program. This will allow these children to receive the medical services they require in a setting other than a hospital.

The purpose of this memo is to provide some operational guidelines when handling these cases.

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**MA21** These children are identified as category 51 state-funded CommonHealth for disabled children. When a MassHealth Enrollment Center (MEC) receives one of these cases, it must ensure that the case remains on MA21, so that eligibility for these children will be determined using Volume I financial regulations.

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**SC-1 and MMIS** If a Status Change for Recipient in a Long-Term-Care Facility or Rest Home (SC-1) form is received for an individual on category 51, the MEC must set up a long-term-care segment on MMIS for this case. Although there is no patient-paid amount (PPA) associated with these cases, the CommonHealth premium will continue to be assessed.

If a MEC receives an SC-1 form for an individual not known to MA21, the MEC must inform the long-term-care facility that a Medical Benefit Request (MBR) must be completed for the child. The MBR will be handled by the "Traditional" unit at the MEC. Do not send it to the Central Processing Unit (CPU). The MEC will establish the case on MA21, and set up a long-term-care segment on MMIS.

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**Reminders** Remember to do the following when you receive a category 51 case.

- Use gross household income.
- Determine family size.
- Set up a long-term-care segment on MMIS.

The system will assess a CommonHealth premium. There will be no PPA or personal-needs allowance. When the five-year bar period has expired, the case will be redetermined using Volume II financial regulations.

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**Questions** If you have any questions about this memo, have your MEC designee contact the Policy Hotline at 617-210-5331.

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